

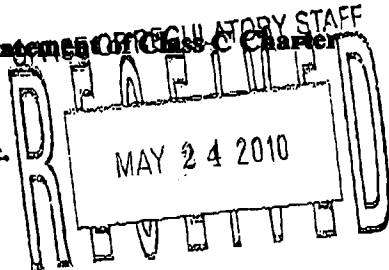
STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Request for Reinstatement of Class C Charter
Certificate**

Leisure Tours, Inc.



**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET 2010-102-T
NUMBER: 1998 - 415 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Rees Jones

Telephone: * 864-229-0228

Address: P.O. Box 49997

Fax: * 864-229-2164

Greenwood, SC 29649

Other:

Email: * rjones@lti-tour.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

* DATE: 5/21/10

RECEIVED

MAY 24 2010

ORS
T.T.W.W.W

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 6644
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 5-18-10 because of failure to
(DATE)
submit Decal fees for the First Half Year 2010 enforcement
period.

(*) I am seeking reinstatement because I failed to pay for semi-
annual Decal

(*) Leisure Tours, Inc. DBA _____
(Name of Company) (If applicable)

(*) 605 Lodge Dr
(Street Address)

(*) PO Box 49997 (2964
(Mailing Address if different from Street Address)

(*) Coral, SC 29646
(City, State, Zip Code)

(*) [Signature]
(Signature)

(*) 864-229-0238
(Telephone Number)

(*) President
(Title) Owner, President, etc.

STATE OF SOUTH CAROLINA
OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT

The Law requires that you secure licenses on or before January 1, 2010. Enforcement for the period January 1, 2010 through June 30, 2010 will begin January 1, 2010.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JANUARY 1, 2010, A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your First-Half Year 2010 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s), use the empty weight of your vehicle listed on the title or registration card. Please destroy old decal(s) once you have secured the decal(s) for the new period.

License decal may be purchased by submitting a business and/or personal check, money order, certified cashier check or cash. All checks must be made payable to the Office of Regulatory Staff. All completed applications and applicable fees should be mailed to:

State of South Carolina
Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, SC 29201

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before December 15, 2009.

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF
TRANSPORTATION DEPARTMENT
1401 MAIN STREET, SUITE 900
COLUMBIA, S.C. 29201
(803) 737-0800

First Half
Year 2010

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. Business and/or personal checks, cash, money order, certified, or cashier's check must be payable to the Office of Regulatory Staff.
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201.
5. You are REQUIRED to complete the Owner of Vehicle Information. Applications received without the required information may be returned unprocessed.
6. You must be in compliance with all PSC/ORS requirements before any decal(s) will be issued.

CLASS

c Charter

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending June 30, 2010

Certificate Holder: Leisure Tours, Inc

P.O. Box 49097

Greenwood, SC 29646

605 Lodge Drive

Greenwood, SC 29646

Owner of Vehicle

Leisure Tours, Inc

City, State and Zip Code

VEHICLE IDENTIFICATION

Make of Vehicle

Lincoln

Seating Capacity

8

Body Type

4DR Sedan

License Plate #

LS1151

VIN Number

225574

Empty Weight

3860

Year Model

2000

FEE

17.50

--- FARES OR CHARGES (List maximum rates only; mandatory to receive decal)

\$100/hr

APPLICANT'S SIGNATURE:

[Signature]

*

← sign

ENTERED

MAY 25 2010

TRANS DEPT.

LEISURE TOURS, INC
P O BOX 49997
GREENWOOD, SC 29649

2041
67-209/532

PAY TO THE ORDER OF Office of Regulatory Staff
Seventeen & 50/100

DATE 5-21-10

\$ 17.50



CapitalBank
www.capitalbanksc.com

DOLLARS



OR _____

[Signature]